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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,364	11/14/2003	Stacy A. Hunt	US20030303	9149
	7590 04/16/200 PATENTS COMPAN		EXAMINER GRAY, JILL M	
500 RENAISSANCE DRIVE - SUITE 102 ST. JOSEPH, MI 49085			GRAY, JILL M	
S1. JUSEPH, N	11 49083		ART UNIT PAPER NUMBER	
			1794	
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			04/16/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/713,364	HUNT ET AL.	
Interview Summary	Examiner	Art Unit	
	Jill Gray	1794	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Jill Gray</u> .	(3)		
(2) <u>Ms. Hartman</u> .	(4)		
Date of Interview: <u>11 April 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g) was not reached. h) № N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Called to determine whete</u> the application was abandoned.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Jill Gray/	-0.4	
	Primary Examiner, Art Unit 17 Examiner's signature, if requi		

Application No.

Applicant(s)